

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Electronic Filing Application and Signature Card

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CANDIDATE INFORMATION:

Election Year: _____ Party Affiliation: _____ Office/Dist. #: _____

Salutation (Hon., Mr., Ms., etc.): _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

Town/City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Fax Number: _____ E-Mail: _____

TREASURER INFORMATION:

Salutation (Hon., Mr., Ms., etc.): _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

Town/City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Fax Number: _____ E-Mail: _____

WE ACKNOWLEDGE THAT THE CANDIDATE AND TREASURER ARE JOINTLY RESPONSIBLE FOR THE TIMELY AND ACCURATE FILING OF EACH REQUIRED REPORT. BY OUR SIGNATURES, WE REQUEST TO FILE REPORTS ELECTRONICALLY AND REQUEST THE COMMISSION TO PROVIDE A USER CODE AND PASSWORD TO ENABLE ELECTRONIC FILING.

CANDIDATE'S SIGNATURE

TREASURER'S SIGNATURE